MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73)



1. PLACE OF DEATH: County St. Mary's County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town near Oakville, Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	City or town	
	Street No	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
. AMICK, Joseph Carnes		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male White	MEDICAL CERTIFICATION	
	20. DATE OF DEATH 5 August 19 46 at 3:45P.	
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  not attended 19	
7. Birth date of	and that I last saw h alive on not attended 19	
deceased (mo., day, yr.) 7-6-18	Immediate cause of death Injuries, Multiple, DURATION	
8. AGE: Years Months Days If less than one day	Extreme	
28 0 29min.		
9. Birthplace Indiana (Town, county, and state)	Due to Airplane crash	
(Town, county, and state)		
10. Usual occupation	Due to	
11. Industry or business		
12. Name // nknoum	Other conditions	
	(Include pregnancy within 3 months of death)	
HE 14. Malden name of the second seco	Major findings of operations	
15. Birthplace	- Date of op.	
16. Informant V. S. Mary	Autopsy results	
Address Patrice of Biner Med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Clarentestation 817/116	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?)  Date thereof (wonth) (day) (year)	Accident, suicide, or homicide accident Date of 5 Aug. 46.	
Cemetery or crematory	Where did injury occur? near Oakville Maryland (City or town) (County) (State) Injured at home, farm, industry, public place (where?) & irplane crash	
Location ( Boxinson contro) Compio		
18 Frank Confer ( Proping and )	Meane of Injury airplane crash Injured at work? yes	
Employed on the same of the sa	D. Wanen	
Address Service Magazine Control of the Control of	23. SIGNATURE J. WARREN, Comdr. USNR (MC	
19. (Dayle rec'd by registrar)	US NAS. Patuxent River, M.B. or other Us. 7 Aug. 4	



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### MARYLAND STATE DEPARTMENT OF HEALTH

90 77		EPARTMENT OF HEALTH  ea St., Baltimore (TB)
rect a	CERTIFICAT	TE OF DEATH Reg. Dist. No. 2820
fully. The co	County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  City or town  (If outside city or towe limits, write RURAL and give nearest town)  Street No.  (If rursl, give LOCATION)  2. (a) If veteran, name war.
ry item of information care the causes of death clearly	3. (a) FULL NAME Bobert Lawis Black	istan Couper 3. (b) Social Security Number
a of infuses of	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced male Calared single	MEDICAL CERTIFICATION  20. DATE OF DEATH August 17 1946 21
every item of ite the causes	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that when deceased from
ly wr	7. Birth date of deceased (mo., day, yr.) Felicipary 17, 1946  8. AGE: Years Months Days If less than one day	and that I last saw h
ADING INK. Supp Physicians: please	9. Birthplace (Town, county, and state)	Due to be Charge
DING I	1D. Usual occupation	Due to
Fr.	12. Name Comes of Cooper 13. Birthplace Mayland	Dither condillons
WITH UNI	14. Maiden name alice & Blackiston  15. Birthplace Maryland	(Include pregnancy within 3 months of death)  Major findings of operations.
>	16. Informant alice C Blackiston	Actopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, is especially	Address Acanondlacum, VIII  17. Buttal Date thereof 2/ (Month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
RITE J	Commetery or crematory St. Clarge Location Location	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
ASE WRITE	18. Funeral director B. Solinson	Means of the later
PLEA	19. (Date ree'd by registrar)  (Date ree'd by registrar)  (Date ree'd by registrar)	23. SIGNATURE M. D. or other  Address consecution Date signed

DEC 3 104 BUNLAU VE

## PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 770

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	0631	٠
Reg	Diat. No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	StateCounty
How long In above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
woods beside a rougledong to	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
J. D. Coherles	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
in w.	2D, DATE OF DEATH
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	Acres ham leffer death 67 Las 4 1966
7. Birth date of	and that I last saw alive on
deceased (mo., day, yr.)	Immediate caose of death Auch Julysellation DURATION
8. AGE: Years Months Days If less than one day	of Hear
467 40min.	M
9. Birthplace	Due to aciela alcopalism
10. Usual occupation	***************************************
11. Industry or business bullding Roman Barnes	Due to
12. Name	Other conditions
14. Malden name	(Include pregnancy within 8 months of death)
O I S Biddeless	Major findings of operations.
07	
16. Informant Market St. O. G. Carl	Actopsy results.
Address Granul Aid	PHYSICIAN: Please onderline the cause to which death shootd be charged statistically.
(Burial, eremation, oyremoval, Winch)  Date thereol	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or trematory	
4 171 / 20	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of injury Injured at work?
Address of Leonard Leton And	47 Lan - 100 h10
19. 8/12 196 Caccalles	23. SIGNATURE M. D. or other
(Dyte rec'd hy registrar)  Registrar	Address Date signed of such

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

(18298 ★ Rog. Dist. No. 284

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Day	(Dor newborn infants give residence of mother)	
City or town Rand Makkanidasille , M.	State State County County	
(If outside city or town limits, write RURAL and give nearest town)	City or town Misseal) Michamics with Mid	
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
respirate mentiones of street address where destricts	Street No.	******
	(If rural, give LOCATION)	
How long in hospital or Institution?	2.(a) If veteran, name war	******
3. (a) FULL NAME Mary Catherine &	urtis. 3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Temale Negro Married	20, DATE OF DEATH AMANA 28, 1946 312:45	5A.
6.(b) Hame of husband or wife Bernard lutte	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	il.
Mechanismile M.S. (c) If alive, give age years	Det 18.45 to the Before 18.	76
7. Birth date of	and that I last saw h Linalive on Clercia Zala To 19.	
8. A.G.E. Years   Mooths   Days   If less than one day	Immediate cause of death DURAT	710N
	Carringa Ulli	**********
36 11 12 hrsmin.	17 W	40
9. Birthplace M. Mary (Town, county, and state)	Due to	1000000000
10. Usual occupation Andread in the	***************************************	
	Due to	•••••
11. industry or business.  ∞ I		
12. Name family half	Other conditions	
E 201. 1J.01.	(Include pregnancy within 8 months of death)	الا
14. Maiden name Add Mark The Transfer of the T	Major findings of operations Kalles Lacy Ville Tollies	4
\$ 15. Birthplace mary land.	Date of op.	
16. Interment Bernard Curtie	Autopsy results	
Address Mechanicaville Mil.		
17 Bate thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide	
X / //	Where did Injury occur?	
Cemetery or crematory Alas Attached	Where did injury occur?	
Location III Way Buthand	injured at home, farm, Industry, public place (where?)	
18. Funeral director Lo Marca Quarte	Means of injury injured at work?	
Address Itus hernile Md.	23 SIGNATURE algressens C Welch THE	
P 20/11 90 CP +	23. SIGNATURE M. D. or other	
19. Class 3 1946 Classon 3. Cartes (Date rec' por registrar)  Registrar	Addressle halatica Md . Date signed	

1946 AUG 30 TOTAL BUREAUTO Rada - 1 tubut

THE PERSON NAMED IN COLUMN

PLEASE

VS A15

# WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 370

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: QA	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County County	
City or town	State Day County County
How long in above place of death?	(If outside city or town limita, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) Il veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
eg 7 in Don't G	Francis
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 2	
male while married	20. DATE DE DEATH ONLY 2 6 19 4 6 21 3 3 3 PM
6.(b) Name of husband or wife	21. LEERTIFY that death occurred on the date above stated; that I attended deceased from
	Crigus + 5 19 46, 10 Quy, 26 19 46
T. Birth date of	and that I last saw h last alive en
deceased (mo., day, yr.)  RACE- Years   Months   Days   If less than one day	Immediais cruse of death
o. AGE:	
## 16 4 17hrsmln.	doubt of earl the 1 day
9. Birthplace (Town, county, and state)	Due 10
2 - 1	of your fution and Of your -
10. Usuai occupation	Due to Service of Earl Bly 5 east ( Service
11. Industry or business	Argue
12 Name Charles Rent	Other conditions Chause Up his Lis
13. Birthplace St mary Co	(Include pregnancy within 3 months of death)
4 Andrinett	
14. Maiden name Hassamell  15. Birthplace It Mary's Co	Major fiedings of operations.
\$ 15. Birthplace	Date of op.
16. Informant De Walter D. Wish	Autopsy results.
Address 1/20 St Paul St Bulling Mo	PHYSICIAN: Please coderline the cause to which death should be charged statistically.
A 'n Que 36 mil	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?)  Date thereol	Accident, suicide, or homicide
Cemetery or crematory It amolnes	Where did injury occur?
July - Promount to me med	Injured at home, farm, Industry, public place (where?)
Location Location	Meens of injury Injured at work?
18. Funeral director.	1 0
Address of enandlown MA	Robert T. tucks H.D.
day 16 Comment	23. SIGNATURE.  M. D. or other
19. (Date rec'd by registrar) Registrar	Address Kednar Olton, My Date signed of 27 /26.

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Reg. Dist. No ...

		CERTIFICAT	ΓΕ OF DEATH Reg. Di
City or town Rt 23 (17 ou How long in above place of Hospitat, institution, or s	St. M. 2 mi. tside city or town ling death? treet address where definition?		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex	5. Color or race	cd John Flynn  6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICAT
male	white	married	
mare	MILLOG	married	20. DATE OF DEATH August 20
7. Birth date of deceased (mo., day, yr. 8. AGE: Years 65	July   Months	1881 ?  Days to less than one day  Ximatelyhrs	and that I last saw alive on Immediate cause of death Cest Suffers
19. Usual occupation  11. Industry or business  12. Name	Business Unknov Unkno	own	Due to
14. Maiden name 15. Birthplace	Unknov Unkno	yn own	Major findings of operations
	d V. Fly	nn	Autonsy results
Address 1514  17. Buri (Burial, cremation, Cemetery or cremator, Location Was)	ak or removal. Which?) , Mt. Oli hington.	St. N.W. Wash. D.C.	PHYSICIAN: Please underline the cause to which death should  22. VIOLENCE: If death was due to external pauses, fill in the foll Accident, suicide, or homicide
	aratown,	Naryland.	23. SIGNATURE Francisco

City or town New York Cit	y , write RURAL and give nearest	town)
Street No. 50 - East 10th		
(If rural, give		
2.(a) If veteran, name war	***************************************	<i>V</i>
	3. (b) Social Security Nu	mber
MEDICAL CE	RTIFICATION	
A 22 m 2 n + 20	AC	6.70
20. DATE OF DEATH August 20	19.4.Qat	6:30 p
21. I CERTIFY that death occurred on the date abo		from
On ac 20 19	4. <b>6</b> to	19
and that I last saw-halive on		19
Immediate cause of death Cesel	af enjusces	DURATION
	10	
and Crushed of	hosar/	
Due to		************************
Due to automobile	accident)	
Due to	a cusuayy	
Other conditions	***	
(Include pregnancy within 3 n	nonths of death)	
Major findings of operations		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date of op	
Autopsy results		***************
PHYSICIAN: Please underline the cause to wh	ich death should he charged stat	isticalty.
22. VIOLENCE: If death was due to external paus	ses, fill in the following;	
Accident, suicide, or homicide	Date of Ams	20-114
Where did Injury occur? . Water Johnson	wared 4 or than	me Hid
(City or town)	1 1 1 1	tate)
injured at home, farm, industry, public place (wh	egal)	
Means of Injury Cultonion	Injured at work?	10
bro 1	11 -1	
11/6	0 11 1	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (78)

08301

E OF DEATH Reg. Diat. No	**********
2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) Stain	les Co-
City or town (If outside city or town limita, write RURAL and give near	
Street No. 10351 Mc Cine Cine (If rural, give LOCATION)	
2.(a) If veteran, name war	
3. (b) Social Security N	umber
470-09-69	70
MEDICAL CERTIFICATION	
20. DATE OF DEATH. Case 5 19.4/6.	et
21. I CERTIFY that death occurred on the date above stated; that I attended deceas	
not attended 19 10	18
and that I last saw h. alive on not attended	19
Immediate cause of death Multiple Injuries, Extreme	DURATION
	*******************
Dueto Airplane crash	******************************
Due to	***********************
Due to	*************************
Dither conditions	
(Include pregnancy within 3 months of death)	
Major findings of operations.	*********
Date of op	==0
Autopsy results PHYSICIAN: Please underline the cause to which death should he charged at	atistically.
22. VIOLENCE: If death was due to external causes, fill in the following;	7040
Accident, suicide, or homicide. accident Date of 5	ug. 1946
Where did injury occur? near Oak ville, Maryl (City or town) (County)	(State)
injured at home, farm, industry, public place (where?)airplane	crash
Means of Injurairplane crash tajured at work? Ye	S

River

7Aug.46

CERTIFICAT 1. PLACE OF DEATH: St. Mary's County near Oakville, Maryland
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred: How long in hospital or institution?.. 3. (a) FULL NAME FLYNN, Patrick Thomas 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced White Male married 7. Birth date of 10-26-18 deceased (mo., day, yr.) Years Months If less than one day 8. AGE: 27 Minnesota - D.

(Town, county, and state) 10. Usual occupation. 11. Industry or business 17. Burisl, cremation, or removal, Which?) 18. Funeral directo Address Registrar (Date rec'd by registrar)

MARGIN RESERVED FOR BINDING write Supply please UNFADING INK. WITH UNF important. is especially PLEASE WRITE PLAINLY

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important.

especially

(Date rec'd by registrar)

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Parent



### CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: county St. Mary's County (For newborn infants give residence of mother) State Pennsylvania county City or town Great Mills Id. (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.. Hospital, Institution, or street address where death occurred: (If rural; give LOCATION) Dispensary, NAS, Patuxent River, Md How long in hospital or institution? about three hours. 2.(a) If veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number GIFFIN, Herbert Daniel 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Married Male White 20, DATE OF DEATH 5 August 19 46 at 2:25 Pm 6.(6) Name of husband or wife Lillian Giffin 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from On 5 August 19 46 and that I last saw him alive on 5 August 7. Birth date of 11-16-17 Immediate cause of death Fracture, Compound, deceased (mg., day, yr.) If less than one day 8. AGE: Parietal 28 19 9. Birthplace Kearney, Pennsylvania (Town, county, and state) Aviation Metalsmith U.S. Navy 11. Industry or business 13. Birthniace (Include pregnancy within 3 months of death) 14. Malden name... Major findings of operations ..... Fracture, compound, skull 14. Teft parietal Autopsy results. bono; intraoranial homorphage... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following Accident, suicide, or homicide accident (Burial, cremation or removal, Which?) Where did injury occur? Great Mills, St. Mary's, Md (City or town) (County) (State) Cemetery or crematory, Public place Injured at home, farm, Industry, public place (where?) head (MC) USN Capt. Patuxent

Registrar



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 520



1. PLACE OF DEATH: County  Cou	1	
State County of	1. PLACE OF DEATH:	
See long in abort size of death?  How long in abort size of death?  How long in hospital or institution, greated decessive manual decesses where death occurred:  Street Mo. (If rural, give LOCATION)  2.(a) If veteran, name war.  (If rural, give LOCATION)  3. (a) FULL NAME  3. (b) Social Security Number  4. Sex S. Golf or race S. (c) Is alim, give age years death occurred in the date above sized; that I attended decessed from the date above sized; that I attended decessed from the date above sized; that I attended decessed from the date above sized; that I attended decessed from the date above sized; that I attended decessed from the date above sized; that I attended decessed from the date above sized; that I attended decessed from the date above sized; that I attended decessed from the date above sized; that I attended decessed from the date above sized; that I attended decessed from the date above sized; that I attended decessed from the decessed from the date above sized; that I attended d	County	m. 10 11 mais
Soon long in abord piace of death?  Street No.  (If rural, give LOCATION)  2.(a) It vetran, name war.  3. (b) Social Security Number  3. (c) House of institution  5. Sex  5. Other or rece  6. (c) Hadre, pira age  6. (c) Hadre, pira age  7. Birth date of death or wife  8. AGE: very  8. AGE: very  8. Birthplace  11. Industry or business  12. Name  13. Birthplace  14. Malten some  15. Birthplace  16. Indicate or composity, Which)  17. Birth date of complete or composity, Which)  18. Internation or composity, Which)  19. Branch age and that I late say had a compliance of death)  Major tiodings of operations.  11. Industry or business  12. Name  13. Birthplace  14. Malten some  15. Internation, or composity, Which)  16. Internation, or composity, Which)  17. Birth date of complete or composity of the charged statistically.  18. Funeral director or composity, which)  19. Branch age of complete or composity of the charged statistically.  24. Supplementary  25. Supplementary  26. Supplementary  27. Birthplace  28. Complete or composity, which is morths of death)  Major tiodings of operations.  19. Birthplace  11. Industry or business  12. Name  13. Birthplace  14. Malten some  15. Internation, or composity, which)  16. Internation, or composity, which)  17. Branch age of complete or composity of the complete or composity, specific all or complete or composity of the complete or composity, specific all or complete or composity of the complete or c	City or town (If outside city or town limits, write ky KAL and give nearest town)	State County W
Street 16.  Street	How long In above place of death?	(life titsis) city or town limits, write KURAL and give nearest town)
How long in hospital or institutions.  3. (a) FULL NAME  4. Sex  5. Color or race 5. (a) Single, married, widowed, or divorced  MEDICAL CERTIFICATION  7. Manual Medical Control or wise  8. (c) It aline, give age 7. Leich date al deceased (mo., day, rr.)  8. AGE: Yeare Months Days It less than one day  10. Usual occupation and leading the control of		
3. (a) FULL NAME  6. Sex  5. Ober or tace  6. Sex  5. Ober or tace  6. Sex  5. Ober or tace  6. Sex  6. Ober or tace  6. Ober or tace  6. Sex  6. Ober or tace  7. Ober or tace		
4. Sex S. Obler or race S. (a) Single, married, widowed, or diverced S. (b) Hame of husband or wife.  5. (c) Hame of husband or wife.  5. (c) Halle, give age years deceased (mo., 6ay, r.)  6. (d) Name of husband or wife.  5. (c) Halle, give age years deceased (mo., 6ay, r.)  6. (d) Name of husband or wife.  9. Birthplace		"
Solo Name of husband or wife  Solo Haller, give age  1. Birth date of deceased (no. day, yr.)  Solo Haller, give age  1. Birth date of deceased (no. day, yr.)  Solo Haller, give age  1. Birth date of deceased (no. day, yr.)  Solo Haller, give age  1. Birth date of deceased (no. day, yr.)  Solo Haller, give age  1. Birth date of deceased (no. day, yr.)  Solo Haller, give age  1. Location Haller, give age  1. Solo Haller, give age  1. Solo Haller, give age  1. Solo Haller, give age  1. Location Haller, give age  1. Solo Haller, give age  1. Location Haller, give age  1. Location Haller, give age  1. Solo Haller	William A. Lo	3. (b) Social Security Number
6.(b) Name of husband or wife.  5.(c) Hallers, give age years deceased (mo. day, yr.)  8. AGE: Years Months Days If less than one day  10. Usual occupations and listened deceased from his data last saw ham alive as and that I sat saw ham alive as and that I last saw ham alive as and last last saw ham alive as and that I last saw ham alive as and last last saw ham alive as and that I last saw ham alive as and last last sa	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
The control of the co	male white single	20. DATE OF DEATH ( LEGUES 26 194/6 23 . 30 A).
1. Birth date of deceased (mo. day, yr.)  8. AGE: Years Months Days If less than one day  9. Birthplace	6 (b) Name of husband or wife	
1. Birthplace   Company   County   Co		Sept-15 1945 10 Aug. 26 19 46
S. AGE: Years   Months   Days   It less than one day	7. Birth date of	and that I last saw h Anna alive as alive 2 2 1946
9. Birthplace		Immediate cause of death
9. Birtholace	E/ 2	Co. 25
1D. Usual occupation selection of the conditions	11 00 0	Carama XIII Carago has to
11. Industry or business  21. Name  12. Name  13. Birthplace  14. Maiden name  15. Informant  16. Informant  17. Marken name  18. Informant  19. Informant	9. Birthplace	Due to talling the same of the
11. Industry or business    12. Name	10. Usual occupation relieved	Box In
(Include pregnancy within 8 months of death)  14. Malden name	11. Industry or business Coak	DUE 10.
(Include pregnancy within 8 months of death)  14. Malden name	E 12. Name Useknouse	Other conditions
15. Birthplace  16. Interment		
Address  Actopsy results PHYSICIAN: Please uoderline the cause to which death shoold be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide  Date of  Where did injury occur?  (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)  Address Leanard Lauren Prof.  Address Leanard Lauren Prof.  23. SIGNATURE	14. Malden name Unknowen	(Include pregnancy within 3 months of death)
Address  Actopsy results PHYSICIAN: Please uoderline the cause to which death shoold be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide  Date of  Where did injury occur?  (City or town) (County) (State)  Injured at home, tarm, industry, public place (where?)  Address Leanard Lauren Prof.  Address Leanard Lauren Prof.  23. SIGNATURE	E 15 Rightages 4.1	
Address    PHYSICIAN: Please underline the cause to which death shoold be charged statistically.   PHYSICIAN: Please underline the cause to which death shoold be charged statistically.   22. VIOLENCE: It death was due to external causes, fill in the tollowing:   Accident, sulcide, or homicide	T. 1. 0 711.06.	
22. VIOLENCE: It death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide	10 1.1 . 700.0	
(Burial, cremation, or removal Which?)  Cemetery or crematory  Location  Location  18. Funeral director  Address  Location  Address  Location  Address  Location  Address  Location  Address  Location  Address  Location  Locatio	Address California, 114.	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
Cemetery or crematory  Location  Location  Address  Location  Address  Location  Address  Location  Locati	(Burial, cremation, or removal, Which?)  Date thereot	Accident, suicide, or homicide
Location Halfy Cook Mild.  18. Funeral director S. B. Solvinson  Address Leanard Layer Med.  23. SIGNATURE  Injured at home, tarm, industry, public place (where?)	DA Class of	Where did injury occur?
18. Funeral director S. B. Coleinson Means of injury Injured at work?  Address Seonard Layer Med. 23. SIGNATURE AT A Fig. A. Lock M.D.	2100 . Jand med.	
Address Seonard Laura md. 23 SIGNATURE / My Hoatich m).	(11B. G.D.	
23 SIGNATURE	18. Funeral director	20 110 + 12
19. 8/27 46 Caualey Belling Bearing Tod - M. D. or other 8.77-XE	Address Seonardlauen Md.	23. SIGNATURE // TAKCH MD.
	19. 8/27 46 Camalee,	Beavior and - N. D. or other

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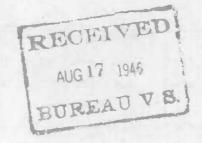


### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore (92-d)

0830	4	

1. PLACE OF DEATH:    County	CERTIFICAT	TE OF DEATH Reg. Dist. No.
3. (d) FULL NAME  4. Sex	County City or town insite, write RURAL and give nearest town)  How long in above place of death?	State County Cou
4. Sex	How long in hospital or institution?	2.(a) It veteran, name war
S. AGE: Vears Months Days It less than one day  11. Industry or business  12. Name Adverse of Days Autopay results.  13. Birtholace Market Autopay results.  14. Maiden name.  15. Information Results Autopay results.  16. Days Maiden name.  17. Sirth date of Maiden name.  18. Actions of present altreation, or remognic Wilden Date thereof.  18. Autopay results.  19. Autopay results.  19. Autopay results.  20. DATE DE DEATH. HUGHERS / S. A. S.	John W. Gord	3. (b) Social Security Number
7. Birth date of deceased (mo. day, vr.)  8. AGE: Years Months Days It less than one day  9. Birthplace Mover, county, and states  10. Usual occupation Due to Control of Contro	male Colored granied	2D. DATE DF DEATH LEGIS 15 19 46 , at 9 19 19 M. M. 21. I CERTIFY that death occurred on the date above slated; that stiended declases from
10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant of the state of the stat	7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day	Immediate cause of death. Act Clark DURATION  Probably accute Caraca Delabation
13. Birthplace  14. Maiden name	1D. Usual occupation. Lawrence 11. Industry or business	Ohronio Cirdo Cuidetes  Bue to.
Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, suicide, or homicide.  Date of	13. Birthplace M bryfffred	(Include pregnancy within 8 months of death)  Major findings of operations
Cemetery or crematory  Location  Location  Address  Address  Location  Address  Address  Location  Address  Address  Location  Address  Address  Address  Location  Address  Address  Address  Location  Address  Address  Address  Location  Address  Addre	Address ampton Md.  18. Informant Destina J. Bond  17. Bericht Bate thereot. 8/17/46	Autopsy results
Address Conastlana III.  23. SIGNATURE Daniel M. D. or other	Cemetery or crematory (Mexica)	Where did injury occur?
(Date/rec'd by registrar)  Registrar  Address  Date signed	I VE I (he)	23. SIDNATURE PAUL, G. Caccalin, M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARGIN RESERVED FOR BINDING

## VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (37-0)



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dela Mada Jaly	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mary land County St. Mary ?
(If outside city or town limits, write RURAL and give nearest town)	(if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street Ho
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, came war
3. (a) FULL NAME Samuel Bond It ay	den. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Slogie, married, widowed, or divorced	MEDICAL CERTIFICATION
male I hike It isdomed	Qua on usl Bush.
	2D. DATE OF DEATH CLUZ: 27 19.46 at 2.45 AM
6.(b) Name of husband or wife	2f. I CERTIFY that death occurred on the date above stated; that I attended deceaced from
	They 20 1946 to Ching 27 1846
7. Sirth date of 10/2	and that t last saw h. La. alive on
deceaced (mo., day, yr.) / Nay 9, 1862	Immediate cause of death
8. AGE: Years Months Dayc If less than one day	L. Company
83 3 18min.	Certain Line 7
9. Birthplace La haspatison Sh. Mallin County not	Due to (led age
9. Birthplace (Town, county, and state)	Due to.
to. Usual occupation Larning.	Busto Cardio- reval- Vas. disease
tt. Industry or business	M. Burney J.
12. Name Ilmiddle al Lang down	Dither conditions Manage Mys. Cardial
	(Include pregnancy within 8 months of death)
14. Maiden name Le dia Alesthe Bank.  15. Birthplace Maky land.	
5000	Major findings of operations
D- C- L	Date of op.
16. Interment Mr. Welfit Ranes	Antopsy results
Address Chepter Md.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
R. 10. 8/30/41/	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoyal, Which?)  Date thereof (nonth) (day) (year)	Accident, suicide, or homicide
Of the family Chiltensus	Where did injury occur?
Cemetery or crematory Child	
Location Chapters Md:	Injured at bome, farm, industry, public place (where?)
Pre E. Welsh	Means of Injury Injured at work?
t8. Funeral director	
Address Chapter Mis:	23. SIGNATURE Clausius C Welch M. W.
8/28 46 Canales	M. D. or other
(Date vec'd by registrar)  Registrar	Address Charles Md Date signed 5/25/46



PLEASE WRITE PLAINLY, WITH UNF is especially important.

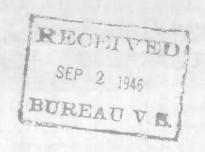
VS A15

### CERTIFICATE OF DEATH

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08306

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County M. Marya	manufactor of the manufactor of the state of
City or town (If outside city or nown limits, write RUYAL and give nearbst town)	otate de la countre de la coun
How long in above place of death?	(If outside city or town limits, write RPAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Marl E. Mrum	ke
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH aug . 28 1946 at 11:40 P. M
Ida m Karambe	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Nams of husband or wife all a little and a little a	19 10 aug. 28, 1946
T. Birth date of	and that I last saw harmalive on all g . 281 1946
decessed (ma., 487, yr.) Dec. 8 1892	Immediate Cause of death. DURATION
8. AGE: Years   Months   Days   If less than one day	Earcinoma
53 8 20hrs. min.	ofstorisch
wask. D.E.	Due fo.
9. Birthplace (Town, county, and state)	BU 19.
10. Veval occupation Jak maker (referred)	Que to.
11. Industry or business	DUC 10
= 12 Rame Carl Krunke	Other conditions.
12. Name Garl Krunkl  13. Birtholace Germany	
	(Include pregnancy within 3 months of death)
14. Maiden name Babette 3 Egler  15. Birthplace Germany	Major findings of operations.
E 15. Birthplace Lermany	
16. Informant Odo Thustople	Aotopsy results.
Address Piney Point mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D. 1 0 1 0 20 -41	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory V of slave Hill 2006	Where did Injury occur?
Walley Lee mil.	injured al home, farm, industry, public place (where?)
Location E & dD &	Means of injury injured at work?
18. Funeral director	
Address Dameron Ind	problem The
8-29 UI SABLOWER	23. SIGNATURE M. D. dr other
(Date ree'd by registrar)	Address Lina Mulla Mad Date signed 5-29-46



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Gad

1183	116000
Reg. Dist.	No.

1. PLACE OF DEATH: A	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	marile 1
(If outside city or town limits, write RURAL and give rearest town)	State County County
How long In above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. A Lys D # 2
	(If raral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Castonine E. Foveless	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH ALL DA O 19 4 6 at 72 17 A. M
8.(b) Name of husband or wife Assault	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	alig 1984 10 aseg 7 10 1944
7. Birth date of	and that I last saw h. A. Mire on
deceased (mo., day, yr.) //auf / - / 863	Immediate cause of death
8. AGE: Years Months Days If less than one day	
8/ 3 3	Jacuthill Valves
8. Birthplace (Town, county, and state)	Due 10
10. Usual occupation	
11. Industry or business	Due 10.
12. Name Mallages States State	Dther conditions.
13. Birthplace	(Include pregnancy within 8 months of death)
14. Malden name.	Major findings of operations
15. Birthplace Stomany Co	Date of op.
18. Informant Photolic Selfmon	Autopsy results
Address Lendar Storam mal	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Auditos Carrier Carrie	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
ma la la varia la	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of injury injured at work?
Address Leonar Mours and	as sometime of the season well had
Cl. Marie Maria Maria	23. SIGNATURE
Date ree'd by registrar)  (Date ree'd by registrar)  (Date ree'd by registrar)	Address Lengas allowy had Date signed 8-20-46
1 Total State of the state of t	The state of the s

AND ARE NOT THE PROPERTY AND ADDRESS OF A STRAIN.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77-0

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County AT Mary	
(If outside city or town limits, write RURAL and give nearest town)	State Mary Land County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Rural Islat Mulls
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
A CONTRACTOR OF THE CONTRACTOR	
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
7 11 B	
William I yan M	atthews
4. Sex 5. Color or race 6.(a) Single, married, idowed, or divorced	MEDICAL CERTIFICATION
7.17.1.	O # 11
male while married	20. DATE OF DEATH Cuguet 18 19 46 21 8:15 P. M
Luci With	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	
6.(c) It alive, give ageyears	
7. Birth date of	and that I last salf handalive on all 9 18
deceased (mo., day, yr.) QC & 1890	Immediate cause of death DURATION
8. AGE: Years   Months   Days   It less than one day	
5-9 10 16 min.	
3 2 10 16hrsmin.	(Barrelsson) ghaina
9. Birthplace Treat Mills Md.	Due jo.
(Town, county, and state)	0. 7. 11 12. 11
10. Usual occupation Blackssath	1 Manual Control of the Control of t
10. Usual occupation.	Due to
11. Industry or business	
# 12. Name William Matthews	
12. Name William Matthews 13. Birthplace Freat Mails Med	Other conditions
13. Birthplace Freat Mills Med	(Include pregnuncy within 3 months of death)
E (7)	(Include pregnuncy within 8 months of death)
E 14. Maiden name	Major fiudiugs of operatious
14. Maiden name alice lunkings	
110001	
16. latormant of the first all all selves	Autopsy results
Address Streat Mills, Mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Silver Market 21 116	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17 Burial Date thereof 0 - 21- 76	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, euicide, or homicide
Cemetery or crematory Holy Frace	Where did injury occur?
1. A. 11. 2.1	
Location delas Mulls 1 Med:	Injured at home, farm, industry, public place (where?)
The Your Hair of Sail	Means of Injury Injured at work?
18. Funeral director war 6 Machingly would	
Address I And at State of Mad	a A NA
- Marion of Marion of the Mari	23. SIGNATURE PS/Clary 700.
. 8-19 RNA 104 MA	M. D. or other
(Date rec'd by registrar)	Address Great Mills, Md. Date signed 8-19-46
- Voca ( ·········	7

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BUREAU V.B.

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r LAINLY, WITH UNF is especially important.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

(1831),1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Fer newborn infants give residence of mether)
County City or 10wn Advanta Maria	State Malylagell County St. Mareja
(If outside city or town limits, Write RUKAL and give nearest town)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
charles M. Hamos	
4. Sea 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH ALLA 19 46 at 10.05 A. M
La Da P Raman	21. I CERTIFY that death occurred on the date above stated: That I attended deceased from
8,(b) Name of husband or wife	Seft 19.44 to aux 12-1944
7. Birth date of deceased (mo., day, yr.) 77.65-6-1900	and that I last saw h alive on
8. AGE: Years Months Days   11 less than one day	Immediais cause of death
11.1	T) ahin
46 6hrsmln.	
9. Birthplace (Town, counts, and state)	Due to aslessed Schrotte 494
10. Usual occupation Selezical Helphi	Que to At 10 ray or cosclites Shrows & How
11. Industry or business	
12. Hame Charles M. Human St.	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Malden name Marie Marie Ramos	Major findings of operations
2 15. Birthplace Physics Rico	Date of op.
m. tala a lease as ?	
16. Informace Africa To The Communication of the Co	Autopsy results
Address Conardown by	
" Bure 2 2 mill -14-194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory At alland	Where did injury occur?
Location TEGNARISTON PARL	Injured at home, farm, Industry, public place (where?)
11/10 DVA-TI The P-	Means of Injury tojured at work?
18. Funeral director Att.	FVII DIO
Address The Marillowing / Md	a CONSTRUCT + of FIRMENTELL MAL
0/13 46 : (2000)	23. SIGNATURE
19. (Date rec'd by registrar) Registrar	Address Sent as Child Hell Michael Signed Congl 246



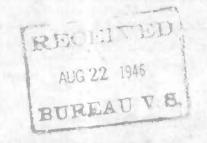
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-

08310

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newborn infants give residence of mother)
City or town	State Of Meldelife addles County
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
S.(d) FULL NAME	3. (b) Social Security Number
Money D. Landord	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white murried	00 ALTER PRIVIL (ALL) 18 104/ 119/504
CA DO LO	20. DATE DF DEATH. 19
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	12 10 19 19 19 19 19 19 19 19 19 19 19 19 19
1. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
(CO)	
9 9 1 1hrsmin.	Heart Juilure cabvels.
9. Birthplace as patricular and a	Due to.
(Town, county, and state)	Gartic Stenses and Regular-
to. Usual occupation	Due to fatis / Rheumatic Heart)
11. Industry or business Agrice.	
# 12. Name Lawellanes Souls	Dther conditions
12. Name	
K V A C A PARA	(Include pregnancy within 8 months of death)
# 14. Maiden name	Major findings of operations
ts. Birthplace	Date of op.
man colored a speedant	Antopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Mit Vieloua Charles Co- MA	- 22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bull a Date thereof ald J. 1990	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Fort Misser 2/0	Injured at home, farm, Industry, public place (where?)
111 A Spentite Now land	Means of Injury Injured at work?
18. Funeral director	5 6
Address Seviaraloum MA	Robert V. Luch 4.D
8/10 46 D	23. SIGNATURE M.D. or other
19. (Dave rec'd by registrar) Registrar	Address Heaver Aldrino Mil. Date signed 2719/46.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

### CERTIFICATE OF DEATH

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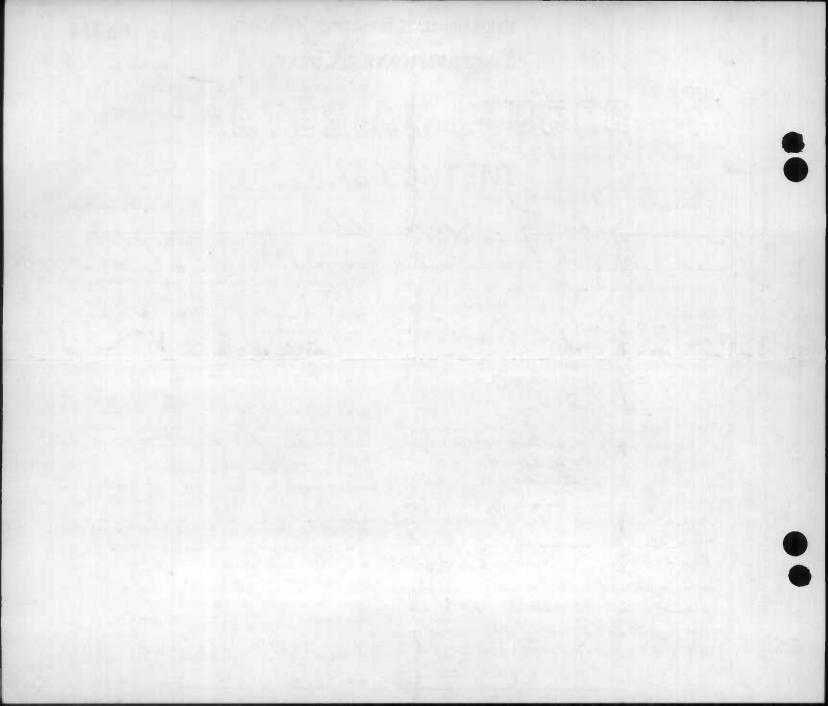
08311 Reg. Dist. No. 282

1. PLACE OF DEATH: It. Manie	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County City of town Sustain Signature	State Mg. county St. Marys	
(If outside city or town mants, wife RULAL and give nearest town)	City or town Calefornia III	
How long in above place of death?	(If outside fity or town limits, write KUKAL and give nearest tow	wn)
mospital, matteriors, or street matters should act the contract of	Street No	
How long in hospital or institution?		
	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	r
4. Sex 5. Cour or race 6.(a) Migle, married, widowed, or divorced	MEDICAL CERTIFICATION	
in Colored unidowed	20. DATE OF DEATH august 21 1946 29:	30 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from	46
	19 46 10 WG Z	19
7. Birth date ot deceased (mo., day, yr.)  July 27 18 7 3	and that I last saw h Associative on	19
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
7.3 0 25 hrs.	Heart failure	week
m	110.	
9. Birthplace (Fown, founty, and state)	Due 10. Ayhitemon 3.	year
1D. Usual occupation. Allihid	Due to Haveolized Abronilers 52	years.
11. Industry or business		
12. Name John Somuelle  13. 8irihplace Masuland:	Other conditions auxual Tibulation 67	mr.
	(Include pregnancy within 3 months of death)	
14. Maiden name Androuse	Major findings of operations	
15. Birthplace	Date of op.	
16 informant Bernand J. Semenille	Autopsy results.	
nill. I demed	PHYSICIAN: Please underline the cause to which death should be charged statistics	ally.
Address Hallywood Mr.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Dunial / Date thereof 8/23/4/	Accident, suicide, or homicide	
(Burial, cremation, or Tonova). Which?) (month) (day) (year)		
Cemelery or crematory	Where dld injury occur?	)
Location Hallefund Ind.	Injured et home, farm, Industry, public place (where?)	
CIMB CIYALI -	Means of Injury Injured at work?	
Address & Address & M. A.	The Htt- AmD	
0/3/2 1/1 0	23. SIGNATURE	
19. O Part (Date rec'd by registrar)  (Date rec'd by registrar)  Registr	2 0	270

J. INK. Supply every item of information carefully. The correct age icians: please write the causes of death clearly and legibly. PDEASE WRITE PLAINLY, WITH UNFADIN. is especially important. Physic

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 773

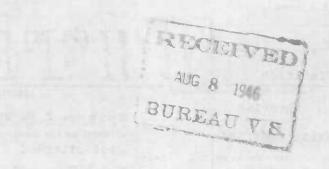
### CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:	nn tv	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County		State	State	
		City or town (If outside city or town limits, water RURAL and give nearest town)  Street No. (If rural, give LOCATION)		
		2.(a) If veteran, name war		
3.(a) FULL NAME STAFFORD, Peary	Diebitsch		3. (b) Social Security Number	
4. Sex 5. Color or race White	6.(n)Single, married, widowed, or divorced  Merried		CERTIFICATION	
B.(4) Name of husband or wifeL.Q1.5		21. I CERTIFY that death occurred on the dale a	above stated; fhat I attended deceased from 9	
7. Birth date of	3, 1920		not attended 19	
8. AGE: Years Months	Day It less than one dayhrs	Immediate cause of deathInjuries		
9. Birthplace Portland	Maine wn, county, and state)	Due to Airplane Crash		
10. Usual occupationAviato:	Navy	Due to		
MI W	in i			
	nown	(Include pregnancy within	3 months of death)	
- / //	,		Date of op.	
16. Informant  Address  17. Beauty (Burial, cremation, or removal Which?)  Cemetery or crematory  V.L. Speare Undertakers,  location  18. Funeral director 1009 H. St., N.W.,		Antopsy results		
		22. VIOLENCE: If death was due to external carrier accides  Accident, suicide, or homicide	nt Date of 5 Aug. 1946	
		Where did injury occur?	akville Maryland (State)	
		Means of Injury airplane cra	Sh Injured af work? Yes	
Address Washing	ton, D.C.	23. SIGNATURE W.H. GOLLEDO	GE N. P. crath	
19. (Date rec'd by registrar)	Registra		USN Date signed	

VS A15

MARGIN RESERVED FOR BINDING



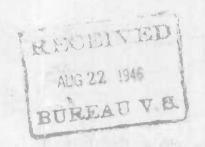
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-0

1. PLACE OF DEATH: If. Manua	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eor-newporn infants give residence of mother)
County	
City or town (If outside city or town limits, write RURAL and give nearest town	DA . 10 (7
How long in above place of death?	(If outside city or town limits, white RURAL and give nearest town)
Hospital Institution or street address where death occurred:	Street No.
Si Manyo Haspilal	(If rural, give LOCATION)
How long In hospital or igstitution?	2.(a) It veteran, name war.
3. (a) FULL NAME Packet S. S.	3. (b) Social Security Number
4. Sex 5. Colo or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Senale, white single	20 AVE DE PROVI ( Leady ( 18
Jan Marie Ma	2D. DATE DE DEATH 1944 at 177 1:1
6.(b) Name of husband or wife	21, FCERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	
deceased (mo., day, yr.) (lugust 1 = 1928	
8. AGE: Years   Month   Days   If less than one day	Immediate cause of death DURATION
18 0 17hrs.	
Barraille, Par	Pares ation and class dan
9. Dirihpiace (Town, county, and state)	Due to
1D. Usual occupation. Manel	Due to Trauma,
11. Industry or business	automobile ascident ewea.
12. Name Lohn J. Stoltzbus	other conditions come to De forlume Will lef.
13. Birthplace / Pennsulus	Ta Cadelli lee.
	(Include pregnancy within 3 months of death)
14. Malden name of Manager and 14. Malden name of Manager and 15. Birthplace Zhankenaman	Major findings of operations level aline wound of clean .
≥ 15. Birthplace	Yrochie Right lef. Date of op. 8/17/16
16. Informant C. Much M. Heade	Autopsy results
Address Ten femille med.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Builel 11 8/21/4	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide. Quecutant. Dale of august 17, 1946.
Cemetery or crematory Myers Cemetery	Where did injury occur? Intersection of Proute 5 and Proute 6; at Mainman (City or town) (County) (State) Pat, me
Location Boudsielle Has I	Injured at home, farm, industry, public place (wherea) facilities for farmers
0 0 m () 0	Means of Injury Automobile accidents Injured at work?
18. Funeral director	
Address Augheantle Md.	- le ) aux (h.).
1 8/180 Hh 18000 Dec x	23. SIGNATURE M. D. or other
(Daty rec'd by registrar)	istrar Address Leghandrom Md. Date signed P/17/16
	7 9. 4 Econwell Corones



MARGIN RESERVED FOR BINDING

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 159 CERTIFICATE OF DEATH

118312 82 Reg. Dist. No.

County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State		
3. (a) FULL NAME	3. (b) Social Security Number		
Infaut tom	ly		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. 20 15 30 15 4 9 M		
S,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.)	and that I last saw him alive on any 30 19 D		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION    Pleaseling   Durck		
9. Birthplace(Town, county, and state)	Due to. (O Keon)		
1D. Usual occupation	Due to.		
11. Industry or dustress  12. Name Divides Compliant Concerns  13. Birthplace	Dther conditions		
14. Maiden name Racy Hedr Mel	(Include pregnancy within 3 months of death)  Major findings of operations.		
16. Informant Sysles melling Joney	Antopsy results		
Address  17. (Burlal, cremation, or removal, Which?)  (Burlal, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or crematory	Where did Injury occur?		
Location Location	Injured at home, farm, Industry, public place (where?)		
Address Duggetton melin vorum	Means of Injury Injured at work?		
18. St. Date ree'd by registrar)  (Date ree'd by registrar)  (Date ree'd by registrar)	23. SIGNATURE M. D. or other  Address Charles Date signed 30 1 A		

AUG 31 1946 BUREAU V S

VS A15

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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木	Reg.	Diat.	No	٠	2

1. PLACE OF DEATH: St. Mary's County		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
County near Oakville, Maryland  City or town (If outside city or town limits, write RURAL and give nearest town)		State Antonous	State Unlenausoun				
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?		City or town(If outside city or town limit	City or town				
	street address where			Street No.			
===+				(If rural, giv	e LOCATION)		
	r Institution?			2.(a) If veteran, name war			
3. (a) FULL NAM					3. (b) Social Security Number		
WHITM 4. Sex	ORE, Clif	ford	Maynard  , married, widowed, or divorced	MEDICAL C	ERTIFICATION		
	White		ried				
Male	1				1946 3:45P		
8.(b) Nams of husband	or wite Darl	ynne V	Mitmore	21. I CERTIFY that death occurred on the date at	bore stated; that I attended deceased from		
7. Birth date of		6.(6	r) It alive, give ageyear	s and that I fact saw h give an NOT	t attended 19		
deceased (mo., day,	yr.) 8-5-19			Immediate cause of death Injurie	Immediato cause of death Injuries, Multiple, DURATION		
8. AGE: Year		Days	If less than one day	Extreme.			
2'		0	hrsmln				
9. Birliplace Aberdeen, South Dakota (Town, county, and state)			Dakota	Due to Airplane Crash	<u> </u>		
1D. Usual occupation.				Bue to			
11. Industry or busines	U.S. NE	lvy					
置 12. Name	Inku	m	<u></u>	Other conditions			
13. Birthplace	11.6			(Include pregnancy within 3	months of death)		
14. Malden name	Much	nau	<u> </u>	Major findings of operations			
15. Birthplace	, ,	7/		Date of op			
16. Informant	1. 5.	Mai	Riner Mid.	PHYSICIAN: Please underline the cause to v	which death should be charged statistically.		
Address 6	nuger	_	~ /	22. VIOLENCE: If death was due to external ca	auses, fill in the following:		
(Buriai, cremati	Lostation, or removal. Which?	Date then	(month) (May) (year)	Accident, suicide, or homicide. accid	ent Date of 5 Aug. 46		
Cemelery or gramat	ory	T	0	Where did injury occur? near Oak (City or town)	(County) (State)		
Locatio: Bo	kings.	où tha	Dikota o	tnjured at home, farm, Industry, public place (	(where?)airplanecrash		
18. Funeral director Con B. P. January		Means of Injury airplane crash Injured at work? yes					
Address		Con Sal	market in Ten I	7. 0	) and		
Audress	7	A Participant	00		N, Comdr. (MC) USNR		
19. (Date fee'd by r	19 L		COLLAR Registra	Address.	nt River, Md. 70th Aug. 46		

